

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90136 032 ***150.00

DOCUMENT # G70297

1. Corporation Name

CAMPAIGN GRAPHICS CORPORATION

Principal Place of Business

1009 SW 17TH STREET
OCALA FL 34474
US

Mailing Address

9785 SPENCERVILLE ROAD
SPENCERVILLE FL 45887
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1983

4. FEI Number

59-2348001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2050 S. COMANT RD

Suite, Apt. #, etc.

27 City & State

28 SPENCERVILLE OH

Zip Country

29 45887 30 USA

9. Name and Address of Current Registered Agent

LORI TAMBLINGSON
1006 SW 17TH STREET
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

GLENN TAMBLINGSON

82 Street Address (P.O. Box Number is Not Acceptable)

1009 S.W. 17 ST.

83

84 City

OCALA

FL

85 Zip Code

34474

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent, as applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TAMBLINGSON, GLENN K
STREET ADDRESS 9785 SPENCERVILLE ROAD
CITY-ST-ZIP SPENCERVILLE OF

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

1.2 NAME

GLENN TAMBLINGSON

1.3 STREET ADDRESS

1009 S.W. 17 ST.

1.4 CITY-ST-ZIP

OCALA FL 34474

2.1 TITLE

SECRETARY

2.2 NAME

LORI TAMBLINGSON

2.3 STREET ADDRESS

2050 S. COMANT RD.

2.4 CITY-ST-ZIP

SPENCERVILLE OH 45887

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GLENN TAMBLINGSON

4/23/99

352-368-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)